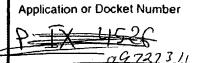
| PATENT  | APPLICATION FR | EE DETERMINATION | RECORD    |
|---------|----------------|------------------|-----------|
| LW FILL | APPLICATION FO | LE DETERMINATION | 4 INFOORD |

Effective October 1, 2000



| Lifective October 1, 2000   |  |   |                                |                               |                              |                  |                     |                     |                        |                     | 09727               | 311                    |
|---|--|---|--------------------------------|-------------------------------|------------------------------|------------------|---------------------|---------------------|------------------------|---------------------|---------------------|------------------------|
| _ CLAIMS AS   |  |   | S FILED - PART I<br>(Column 1) |                               | (Column 2)                   |                  |                     | SMALL ENTITY TYPE   |                        | OR                  | OTHER THAN          |                        |
| TOTAL CLAIMS  |  |   |                                |                               |                              |                  |                     | RATE                | FEE                    | 1                   | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                   |                               | NUMBER EXTRA                 |                  |                     | BASIC FEE           | 355.00                 | OR                  | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 minus 20=                    |                               | •                            |                  |                     | X\$ 9=              | /                      | OR                  | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | 3) mil                         | inus 3 = •                    |                              | 0                |                     | X40=                | ·/                     | OR                  | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                |                               |                              |                  |                     | +135=               |                        | OR                  | +270=               | *                      |
| * If the difference in column 1 is less than zero, enter                              |  |   |                                |                               | r "0" in c                   | olumn 2          |                     | TOTAL               | 355°C                  | , 1                 | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (C                                  |  |   |                                |                               | (Column 3)                   | ı                | SMALL               |                     | OR                     | OTHER<br>SMALL      |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO         | IEST<br>BER                  | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | . 5                                       | Minus                          | <u> ي</u>                     | <u>D</u>                     | =                |                     | X\$ 9=              |                        | OR                  | X\$18=              |                        |
| AME   | Independent  | • 3                                       | Minus                          | 🤇                             | 3                            | =                |                     | X40=                |                        | OR                  | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |                               |                              |                  |                     | +135=               |                        | OR                  | +270=               |                        |
|   |  |   |                                |                               |                              | ı                | TOTAL<br>ADDIT, FEE |                     | OR                     | TOTAL<br>ADDIT. FEE |                     |                        |
| 9-13-04 (Column 1) (Column 2) (Column 3)  |  |   |                                |                               |                              |                  |                     |                     |                        |                     |                     |                        |
| AMENDMENT B   | /  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | • 5                                       | Minus                          | **                            |                              | =                |                     | X\$ 9=              |                        | OR                  | X\$18=              | *                      |
| AME   | Independent  | • 4                                       | Minus                          | ***                           | F OL 4 11 4                  | =                | $\  \ $             | X40=                |                        | OR                  | X80=                |                        |
| <u> </u>  | FIRST PRESE  | NTATION OF MI                             | JEHPLE DEP                     | ENDEN                         | CLAIM                        |                  | ا ر                 | +135=               |                        | OR                  | +270=               |                        |
|   |  |   |                                |                               |                              |                  | ,                   | TOTAL<br>ADDIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                                | (Colu                         |                              | (Column 3)       | _                   |                     |                        |                     |                     |                        |
| AMENDMENT C   | en in et   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | <b>3</b>                       | PREVI                         | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                          | **                            |                              | =                | ] [                 | X\$ 9=              |                        | OR                  | X\$18=              |                        |
|   | Independent  | •   | Minus                          | •••                           |                              | =                | ╽                   | X40=                |                        | OR                  | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |                               |                              | ل                | 125                 |                     |                        | +270=               |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                |                               |                              |                  |                     |                     |                        |                     |                     |                        |
| ••  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                |                               |                              |                  |                     |                     |                        |                     |                     |                        |